

PTO/SB/17 (07-08)

Approved for use through 01/31/2007. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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Effective on 12/08/2004.

Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

Fee Transmittal For FY 2006

 Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$ 1,020.00)

Complete if Known

Application Number 10/699,160

RECEIVED

Filing Date October 30, 2003

CENTRAL FAX CENTER

First Named Inventor Shigeharu Kanemoto

NOV 15 2006

Examiner Name Kelly J. Mahafkey

Art Unit 1761

Attorney Docket No. ISB-045

METHOD OF PAYMENT (check all that apply)

 Check Credit Card Money Order None Other (please identify): _____

 Deposit Account Deposit Account Number: 23-0925 Deposit Account Name: Wells St. John, P.S.

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

 Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee

 Charge any additional fee(s) or underpayments of fee(s) Credit any overpayments

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FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

| Application Type | FILING FEES | | SEARCH FEES | | EXAMINATION FEES | | Fee Paid (\$) |
|------------------|-------------|-----------------------|-------------|-----------------------|------------------|-----------------------|---------------|
| | Fee (\$) | Small Entity Fee (\$) | Fee (\$) | Small Entity Fee (\$) | Fee (\$) | Small Entity Fee (\$) | |
| Utility | 300 | 150 | 500 | 250 | 200 | 100 | |
| Design | 200 | 100 | 100 | 50 | 130 | 65 | |
| Plant | 200 | 100 | 300 | 150 | 160 | 80 | |
| Reissue | 300 | 150 | 500 | 250 | 600 | 300 | |
| Provisional | 200 | 100 | 0 | 0 | 0 | 0 | |

2. EXCESS CLAIM FEES

Fee Description

Each claim over 20 (including Reissues)

Small Entity

Fee (\$)

Fee (\$)

50 25

Each independent claim over 3 (including Reissues)

200 100

Multiple dependent claims

360 180

Total Claims Extra Claims Fee (\$)

Fee Paid (\$)

14 - 20 or HP = 0 x 0.00 = 0.00

HP = highest number of total claims paid for, if greater than 20.

Indep. Claims Extra Claims Fee (\$)

Fee Paid (\$)

1 - 3 or HP = 0 x 0.00 = 0.00

HP = highest number of independent claims paid for, if greater than 3.

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$)

0 - 100 = 0 / 50 = 0 (round up to a whole number) x = 0

4. OTHER FEE(S)

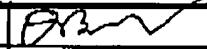
Non-English Specification, \$130 fee (no small entity discount)

Fee Paid (\$)

Other (e.g., late filing surcharge): 3 Month Extension of Time

\$1,020

SUBMITTED BY

| | | | |
|-------------------|---|-------------------------|--------------------------|
| Signature |  | Registration No. 40,045 | Telephone (509) 824-4276 |
| Name (Print/Type) | D. Brent Kenady | | Date November 15, 2006 |

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

NOV 15 2006

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Application Serial No. 10/699,160
 Filing Date October 30, 2003
 Inventor Shigeharu Kanemoto
 Assignee Satake Corporation, and Riviana Foods, Inc.
 Group Art Unit 1761
 Examiner Kelly J. Mahafkey
 Attorney's Docket No. IS8-045
 Customer No. 021567
 Title: Process for Preparing Instant Rice and Product Thereof

Mail Stop Amendment
 Commissioner for Patents
 P.O. Box 1450
 Alexandria, VA 22313-1450

CERTIFICATE OF FACSIMILE TRANSMISSION UNDER 37 CFR §1.8

I hereby certify that the following papers are being facsimile transmitted to the Patent and Trademark Office at (571) 273-8300 on the date shown below:

1. Certificate of Facsimile Transmission;
2. Transmittal Form (PTO/SB/21), and Fee Transmittal (PTO/SB/17) in duplicate;
3. Petition for Extension of Time (PTO/SB/22) in duplicate; and
4. Response to May 15, 2006 Office Action.

Dated: November 15, 2006 By:

Julie A. Foster
 Julie A. Foster, Legal Assistant
 Telephone No. (509) 624-4276
 Facsimile No. (509) 838-3424

NUMBER OF PAGES IN FACSIMILE: 19

FEE DEFICIENCY

Although it is believed that no fees are due, the Commissioner is hereby authorized to charge any fees under 37 C.F.R. §1.16 and §1.17 which may be required by this paper to Deposit Account No. 23-0925.

PTO/SB/21 (09-06)

Approved for use through 03/31/2007. OMB 0651-0031

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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TRANSMITTAL
FORM

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

| | |
|------------------------|--------------------|
| Application Number | 10/699,160 |
| Filing Date | October 30, 2003 |
| First Named Inventor | Shigeharu Kanemoto |
| Art Unit | 1761 |
| Examiner Name | Kelly J. Mahafkey |
| Attorney Docket Number | ISB-045 |

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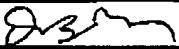
CENTRAL FAX CENTER

NOV 15 2006

ENCLOSURES (Check all that apply)

| | | |
|--|---|---|
| <input checked="" type="checkbox"/> Fee Transmittal Form | <input type="checkbox"/> Drawing(s) | <input type="checkbox"/> After Allowance Communication to TC |
| <input checked="" type="checkbox"/> Fee Attached | <input type="checkbox"/> Licensing-related Papers | <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences |
| <input checked="" type="checkbox"/> Amendment/Reply | <input type="checkbox"/> Petition | <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) |
| | <input type="checkbox"/> Petition to Convert to a Provisional Application | <input type="checkbox"/> Proprietary Information |
| | <input type="checkbox"/> Power of Attorney, Revocation | <input type="checkbox"/> Status Letter |
| | <input type="checkbox"/> Change of Correspondence Address | <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): -Certificate of Facsimile Transmission |
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| Remarks | | |
| Customer No. 021567 | | |

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

| | | | |
|--------------|---|----------|--------|
| Firm Name | Wells St. John, P.S. | | |
| Signature |  | | |
| Printed name | D. Brent Kenady | | |
| Date | November 15, 2006 | Reg. No. | 40,045 |

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:

| | |
|-----------------------|-------------------|
| Signature | |
| Typed or printed name | Date |
| | November 15, 2006 |

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